



# Board of Commissioners of the Magistrates Retirement Fund of Georgia

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[www.mrf.georgia.gov](http://www.mrf.georgia.gov)

## CHANGE OF INFORMATION FORM

☐ Change of Address ☐ Change of Name ☐ Change of Phone Number

Name: \_\_\_\_\_  
(Print Name)

County: \_\_\_\_\_

New Address:

Old Address: (address on paycheck)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Note: Please include apartment number and zip code

Please Change the following:

Home: (\_\_\_\_) \_\_\_\_\_

Office: (\_\_\_\_) \_\_\_\_\_

Email: (\_\_\_\_) \_\_\_\_\_

Mobile: (\_\_\_\_) \_\_\_\_\_

Current Name:

New Name:

\_\_\_\_\_

\_\_\_\_\_

\*Note: When changing a name please attach appropriate paperwork (i.e. marriage certificate, divorce decree, SS Card)

Signature

Date

Representative of MRFOG

Date